

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						FILING DATE	
						09/700473	
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
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50							
TOTAL IND.	1						
TOTAL DEP.		1	1	1	1	1	
TOTAL CLAIMS	1	1	1	1	1	1	